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CONFIRMATION NO. 9502

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/732,236 | FILING DATE<br>12/07/2000<br><br>RULE | CLASS<br>382 | GROUP ART UNIT<br>2625 | ATTORNEY<br>DOCKET NO.<br>H0001166 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

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✓ \*\* CONTINUING DATA \*\*\*\*\* *A-T* \*\*\*\*\*

This application is a CIP of 09/389,925 09/03/1999 PAT 6,370,260  
 and claims benefit of 60/210,280 06/08/2000

✓ \*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

|   |   |                           |                         |                       |                            |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>13 | TOTAL<br>CLAIMS<br>37 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and<br>Acknowledged                                | <i>A-T</i><br>Examiner's Signature Initials   |                           |                         |                       |                            |

## ADDRESS

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## TITLE

Near-infrared disguise detection

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1016 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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